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## **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 09/485,245-Conf. #1697 Filing Date March 27, 2000 First Named Inventor Alison Hopkins Art Unit 1637 **Examiner Name** C. B. Wilder Attorney Docket Number 28911/36128

| ENCLOSURES (Check all that apply)                |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| x Fee Transmittal Form                           | Drawing(s)  | After Allowance Communication to TC                              |  |  |  |  |
| X Fee Attached                                   | Licensing-related Papers  | Appeal Communication to Board of Appeals and Interferences       |  |  |  |  |
| Amendment/Reply                                  | Petition  | X Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |  |  |  |  |
| After Final                                      | Petition to Convert to a Provisional Application                  | Proprietary Information  Status Letter                           |  |  |  |  |
| Affidavits/declaration(s)                        | Power of Attorney, Revocation<br>Change of Correspondence Address |  |  |  |  |  |
| x Extension of Time Request                      | Terminal Disclaimer   | Other Enclosure(s) (please Identify below):                      |  |  |  |  |
| Express Abandonment Request                      | Request for Refund  |  |  |  |  |  |
| Information Disclosure Statement                 | CD, Number of CD(s)   |  |  |  |  |  |
| Certified Copy of Priority Document(s)           | Landscape Table on CD   |  |  |  |  |  |
| Reply to Missing Parts/ Incomplete Application   | Remarks   |  |  |  |  |  |
| Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  |   | ·  |  |  |  |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT       |   |  |  |  |  |  |
| Firm Name MARSHALL, GERSTEIN & BORUN LLP         |   |  |  |  |  |  |
| Signature UL/ S - Sla                            |   |  |  |  |  |  |
| Printed name Jeffrey S. Sharp                    |   |  |  |  |  |  |
| December 13, 2004                                | Reg. No   | 31,879   |  |  |  |  |

| I hereby certify that this correspondence in an envelope addressed to: Commiss | e is being deposited with the U.S. Postal Service ioner for Patents, H.O. Box 1460, Alexandria, V. | as Express Mail, Airbill No. EV456046993US,<br>A 22313-1450, on the date shown below. |
|--|--|---|
| Dated: December 13, 2004   | Signature:   | (Juan Quintero)   |

USE IN LIEU OF PTO/SB/17 (11-04) Reflects USPTO filing fees in effect from 12/\_/04 Complete if Known FEE TRANSMITTAL 09/485,245-Conf. #1697 Application Number March 27, 2000 Filing Date For FY 2005 Alison Hopkins First Named Inventor (Reflects USPTO filing fees in effect from 12/\_\_/04) **Examiner Name** C. B. Wilder Applicant claims small entity status. See 37 CFR 1.27 1637 Art Unit 28911/36128 **TOTAL AMOUNT OF PAYMENT** 950.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued) Money Order 2. EXTRA CLAIM FEES Check Credit Card Х **Small Entity** Deposit Account None **Fee Description** Fee (\$) Fee (\$) Deposit Account Number 13-2855 Each claim over 20 50 25 Deposit 100 MARSHALL, GERSTEIN & Each independent claim over 3 200 Account Name **BORUN LLP** Multiple dependent claims 360 180 The Director is hereby authorized to: (check all that apply) For Reissues, each claim over 20 and 50 25 Charge fee(s) indicated below more than in the original patent For Reissues, each independent claim Charge fee(s) indicated below, except for the filing fee 200 100 more than in the original patent Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments Total Claims Extra Claims Fee (\$) Fee Paid (\$) to the above-identified deposit account. Other (please identify): Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

| FEE CA   | LCULATIO | ON                          |               | -=                                  |                | _ x=           |               |
|--|----------|-----------------------------|---------------|-------------------------------------|----------------|----------------|---------------|
| BASIC FILING FEE  Fee Description                        | Fee (\$) | Small<br>Entity<br>Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims           |                | Fee (\$)       | Fee Paid (\$) |
| Utility Filing Fee                                       | 300      | 150                         |               |                                     | Sı             | ıbtotal (2) \$ | 0.00          |
| Design/Design CPA Filing Fee                             | 200      | 100                         |               | 3. OTHER FEES                       |                | Small Entity   |               |
| Plant Filing Fee   | 200      | 100                         |               | Fee Description                     | Fee (\$)       | Fee (\$)       | Fee Paid      |
| Reissue Filing Fee                                       | 300      | 150                         |               | 1-month extension of time           | 120            | 60             |               |
| Provisional Filing Fee                                   | 200      | 100                         |               | 2-month extension of time           | 450            | 225            | 450.00        |
| 1a. ADDITIONAL FILING FI                                 | EES      |                             |               | 3-month extension of time           | 1020           | 510            |               |
| Utility Search Fee                                       | 500      | 250                         |               | 4-month extension of time           | 1,590          | 795            |               |
| Design Search Fee  | 100      | 50                          |               | 5-month extension of time           | 2,160          | 1,080          |               |
| Plant Search Fee   | 300      | 150                         |               | Information disclosure stmt. fee    | 180            | 180            |               |
| Reissue Search Fee                                       | 500      | 250                         |               | 37 CFR 1.17(q) processing fee       | 50             | 50             |               |
| Utility Examination Fee                                  | 200      | 100                         |               | Non-English specification           | 130            | 130            |               |
| Design Examination Fee                                   | 130      | 65                          |               | Notice of Appeal                    | 500            | 250            | 500.00        |
| Plant Examination Fee                                    | 160      | 80                          |               | Filing a brief in support of appeal | 500            | 250            |               |
| Reissue Examination Fee                                  | 600      | 300                         |               | Request for oral hearing            | 1,000          | 500            |               |
| Application Size Fee, each addt'l 50 sheets > 100 sheets | 250      | 125                         |               | Other:                              |                |                |               |
| Subtotal (1) and (1a.) \$0.00                            |          |                             |               | Sı                                  | ubtotal (3) \$ | 950.00         |               |
| SUBMITTED BY   |          |                             |               |                                     |                |                |               |

| I hereby certify that this corres   | pondence is being deposited w | vith the    | U.S. Poste | Service as | Expres        | s Mail, Airbill No | . EV456046993US, |
|---|-------------------------------|-------------|------------|------------|---------------|--------------------|------------------|
| in an envelope addressed to:  | Commissioner for Patents, P.C | Box 1       | 450, Alexa | hdria WA 2 | 22313-1       | 450, on the date   | shown below.     |
| I hereby certify that this corres<br>in an envelope addressed to:<br>Dated: December 13, 2004 | Signature:                    | <b>L</b> /. | (1)        | 1.ti       | $\rightarrow$ | (Juan Quintero     | )                |

Registration No.

(Attorney/Agent)

31,879

Jeffrey \$. Sharp

Signature

Name (Print/Type)

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Date

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December 13, 2004